

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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COVER PAGE

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Date Stamp

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OFFICE OF
CITY CLERK

CALIFORNIA
FORM **460**

Page 1 of 18

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2015
through 06/30/2015

Date of election if applicable
 (Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1319106

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Newport Beach Police Employees Association Political Action

STREET ADDRESS (NO P.O. BOX)
1415 L Street Suite 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916) 556-1776</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
(916) 556-1233 / ordoslaw@jps.net

Treasurer(s)

NAME OF TREASURER
Wayne Ordos

MAILING ADDRESS
1415 L Street Suite 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916) 556-1776</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

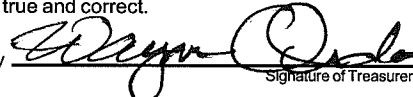
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/16/2015
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u> 2 </u> of <u> 18 </u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page <u>3</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport Beach Police Employees Association Political Action

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 11,835.00	\$ 11,835.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 11,835.00	\$ 11,835.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 11,835.00	\$ 11,835.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 3,050.00	\$ 3,050.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 3,050.00	\$ 3,050.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 3,050.00	\$ 3,050.00

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 35,334.96
13. Cash Receipts	Column A, Line 3 above	11,835.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	3,050.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 44,119.96

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page <u>4</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Newport Beach Police Employees Association Political Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 04/24/2015	Brian Alonzo [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	135.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	135.00	
01/02/2015 06/19/2015	Vladimir Anderson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Brandy Banks [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	William Beverly [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Jason Blakely [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	

SUBTOTAL \$ 915.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 11,835.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 11,835.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 5 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Kyle Cammack [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	David Darling [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Marie Depweg [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Thu Do [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Anne Donnelly [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

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 (other than PTY or SCC)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 6 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Shawn Dugan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Jeremy Dutton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Thomas Encheff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	David Fattal [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Devon Fitzgerald [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 7 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Garrett Fitzgerald [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Michael Fletcher [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Matthew Graham [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	William Hanson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Brice Hardy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

*Contributor Codes
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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 8 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Richard Henry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Joseph Horton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Robert Hufford [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	William Hume [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Jason Hurd-Servin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

*Contributor Codes
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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page <u>9</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Christopher Kimble [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Richard Knight [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Wendy Koudelka [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	David Kresge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Jennifer Kresge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 10 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Scott Laruffa [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Troy Long [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Brian Mack [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Dennis Maisano [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Jennifer Manzella [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 11 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Kyle Markwald [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Kjersti Martini [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Brian McDowell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Siavash Mesri [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	John Miller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2015</u>		
through <u>06/30/2015</u>		Page <u>12</u> of <u>18</u>
NAME OF FILER Newport Beach Police Employees Association Political Action		I.D. NUMBER 1319106

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Thomas Monarch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Jorge Negrete [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Nicole O'Donnell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Anthony Olivas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Jeffrey Perkins [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 13 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Christopher Pulliam [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Chris Rieff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Bernadette Rosselit [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Sam Sa [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Andrew Sarega [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 14 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Paul Sarris [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Brian Schlottach [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	David Spenser [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Caroline Staub [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Roland Stucken [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

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 (other than PTY or SCC)
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 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 15 of 18

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	John Veale [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Todd Vinson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Matthew Wood [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	Anthony Yim [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
01/02/2015 06/19/2015	John Yim [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
SUBTOTAL \$				975.00		

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 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2015</u> through <u>06/30/2015</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>18</u>

NAME OF FILER Newport Beach Police Employees Association Political Action	I.D. NUMBER 1319106
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2015 06/19/2015	Troy Zeeman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer City of Newport Beach	195.00 Received through intermediary: Newport Beach Police Officers Association 870 Santa Barbara Dr Newport Beach, CA 92660-	195.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				195.00		

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 IND – Individual
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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 17 of 18
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport Beach Police Employees Association Political Action

I.D. NUMBER

1319106

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne Ordos, Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814-	PRO		500.00
Wayne Ordos, Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814-	PRO		500.00
Wayne Ordos, Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814-	PRO		500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3,000.00
2. Unitemized payments made this period of under \$100	\$	50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	3,050.00

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 18 of 18
NAME OF FILER		I.D. NUMBER
Newport Beach Police Employees Association Political Action		1319106

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wayne Ordos, Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814-	PRO			500.00
Wayne Ordos, Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814-	PRO			500.00
Wayne Ordos, Attorney at Law 1415 L St Ste 410 Sacramento, CA 95814-	PRO			500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,500.00